

I am Jessica Schorr Saxe, MD. I am a retired family physician who practiced for 34 years with the underserved.

I am writing to support improved Medicare for All, as outlined in HR 1384, based on my experience and my research.

In practice, I saw patients every day who did not get the care they needed for financial reasons. For example, I saw a woman with exertion-related chest pain. She had multiple risk factors, and I was concerned that she might have coronary artery disease. I told her she needed a cardiac stress test immediately. Most people would be alarmed to hear that and would get tested immediately. Her immediate reaction was to ask if she could delay it until she had the money. I told her she couldn't, but she delayed for a month, anyway, until she had another pay check and could pay her rent.

Another patient woke up in a pool of blood from rectal bleeding. He didn't go to the emergency room because he was worried about the bill.

Those patients lived. But thousands of patients in the US die every year from lack of insurance—and they do not live to tell the tale of what happened to them.

Many other patients suffer, but less dramatically. I had patients who skipped appointments, didn't fill prescriptions or "stretched" their medications because they lacked co-pays. They felt bad from their high blood sugars due to uncontrolled diabetes or their wheezing from undertreated asthma. Feeling unwell compromised their ability to work. Sometimes they missed work and, if they went to work, they couldn't work their best.

Yesterday I volunteered at a free clinic at a shelter. I saw a woman who had the onset of urinary symptoms the day before. She took 2 buses to get to the emergency department where she was told to go to urgent care. She walked a couple of blocks to urgent care, but didn't have the money to pay, so she took 2 buses back to the shelter. She spent half a day seeking care but received none.

Health care is a right. Americans should be able to receive high-quality needed health care without financial barriers and with choice of providers. We are a wealthy country and we can do this. We can cut costs and improve outcomes, as other developed countries have done.

Medicare for All, a single-payer health system, is the only way to accomplish this. It is the only proposal which will deliver universal coverage while cutting costs. Most "public option" plans do not, by definition, accomplish universal insurance. This is detrimental to those who aren't insured because they will not get needed care and also to the rest of us, because the uninsured are still vulnerable to illness and injury and we end up paying in the most inefficient manner. Medicare for All, by eliminating private insurance for covered services, creates administrative savings that make comprehensive coverage possible. These savings are not realized by other plans.

With regard to the much-repeated popularity of private insurance plans, this is based on surveys done some time ago. Even in those surveys, Medicare was more popular than private insurance. The popularity of private insurance is declining—and will decline further—with the proliferation of high-deductible plans.

The American public needs to understand the truth about Medicare for All—that it will provide care that is more comprehensive than their current coverage; that, for 95% of people, their out of pocket expenditures will be considerably less than they currently are; that national health expenditures will be more controlled; that there will be public accountability; and that there will be choice of providers.

I support HR 1384, the Medicare for All Act of 2019, as the only proposal that will achieve quality, access, cost savings and choice in health care.